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**ECU School of Communication**

Internship Hours- Final Tally Sheet

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Business Placement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Week #: Total Hours :

|  |  |
| --- | --- |
| Ex. Week 1: 5/18-5/24 | 32 hours |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Total Hours

Documented: \_\_\_\_\_\_\_\_\_\_\_\_

By my signature below, I certify that the student named above completed

\_\_\_\_\_\_\_\_ hours of work during the period between the dates of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

***\*\*\*\*\*\*Important: All internship hours MUST be documented along with***

***supervisor’s signature BEFORE the student can receive academic***

***credit.\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\****

***Please also submit official agency time sheets if available.***

**Please submit all Hour Documentation forms to:**

**Brittany Thompson Phone: 252-737-4707**

**Internship Coordinator FAX: 252-328-1509**

**School of Communication E-mail: thompsonbri14@ecu.edu**

**101-C Joyner East**

**East Carolina University**

**Greenville, NC 27858**